Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000189	A. BUILDING _____ B. WING _____	C 09/06/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN VILLAGE	**2026 E 54TH ST INDIANAPOLIS, IN 46220**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00115677. Complaint IN00115677 - Substantiated. No deficiencies related to the allegations are cited. Survey date: September 6, 2012 Facility number: 000189 Provider number: 155292 AIM number: 100267330 Survey team: Connie Landman RN Census bed type: Residential: 77 Total: 77 Census payor type: Other: 77 Total: 77 Residential sample: 6 American Village was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00115677. Quality review completed 9/7/12 by Jennie Bartelt, RN.	R 000		

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE